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LARSON
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1017-0014-C2

FACSIMILE COVER SHEET**RECEIVED
CENTRAL FAX CENTER****OCT 28 2005****DATE:** October 28, 2005**TO:** Examiner PHAM, Chi H. **FAX NO.:** 571-273-8300
USPTO GPAU 2667**FROM:** John R. Schell/*msja*
Reg. No. 50,776**RE:** *REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND
CHANGE OF CORRESPONDENCE ADDRESS***U.S. APP NO.:** 10/775,898**FILING DATE:** 02/10/2004**APPLICANT(S):** John J. Fowler et al.**ATTY DKT NO.:** 1017-0014-C2**TITLE:** METHOD AND SYSTEM FOR MONITORING COMPUTER
NETWORKS AND EQUIPMENT**NO. OF PAGES (INCL. COVER SHEET):** 3**MESSAGE:**

Attached please find:

- ☒ PTO/SB/21 Transmittal Form (1 pg.)
- ☒ PTO/SB/83 Request for Withdrawal as Attorney or Agent and Change of
Correspondence Address (1 pg.)

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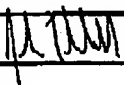
PTO/SB/21 (09-04)


Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/775,898	RECEIVED CENTRAL FAX CENTER OCT 28 2005
	Filing Date	02/10/2004	
	First Named Inventor	John Fowler	
	Art Unit	2667	
	Examiner Name	PHAM, Chi H.	
Total Number of Pages in This Submission	2	Attorney Docket Number	1017-0014-C2

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB/83 Request for Withdrawal as Attorney or Agent and Change of Correspondence Address
Remarks Customer No. 34456		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	TOLER, LARSON & ABEL, LLP	
Signature		
Printed name	John R. Schell	
Date	10.27.05	Reg. No. 50,776

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature		
Typed or printed name	Laura H. Andre	Date 10/28/2005

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PTO/SB/83 (09-04)

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/775,898
Filing Date	02/10/2004
First Named Inventor	John Fowler
Art Unit	2667
Examiner Name	PHAM, Chi H.
Attorney Docket Number	1017-0014-C2

**RECEIVED
CENTRAL FAX CENTER**
OCT 28 2005
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Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number **34456**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

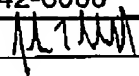
Transfer of file to another firm.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

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OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.			
Address		One Financial Center			
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Country		United States			
Telephone		(617) 542-6000		Fax	(617) 542-2241
Signature					
Name		John R. Schell		Registration No.	60,776
Date		10.27.05		Telephone No.	(512) 327-5515

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